

State: NEW MEXICO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |                |       |   |
|----------------|-------|---|
| 42 CFR 435.230 | — (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.                             |
|                | — (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                            |
|                | — (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                         |
|                | — (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
|                | — (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.     |
|                | — (9) | Individuals in additional classifications approved by the Secretary as follows:   |

TN No. 91-19  
Supersedes  
TN No. 87-3  
Approval Date JAN 15 1992  
Effective Date OCT 1 1991  
page 15 Item 10 & 4  
page 16 Items 5-9  
HCFA ID: 7983E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 16a  
OMB NO.: 0938-

State: NEW MEXICO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

\_\_\_ Yes.

\_\_\_ No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. <u>91-19</u>	Approval Date <u>JAN 15 1992</u>	Effective Date <u>OCT 1 1991</u>
Supersedes		
TN No. <u>87-3</u>	<u>page 14 last 2 paragraphs</u>	HCFA ID: 7983E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
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HCFA 179 <u>91-19</u>	

State: NEW MEXICO

Agency\* — Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230  
435.121  
1902(a)(10)  
(A)(11)(XI)  
of the Act

☒ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
  - (1) All aged individuals.
  - (2) All blind individuals.
  - (3) All disabled individuals.

TN No. 92-13

Superseded 91-19

TN No. 91-19

Approval Date MAR 10 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>FEB 18 1992</u>	
DATE APPV'D	<u>MAR 10 1992</u>	
DATE EFF	<u>JAN 01 1992</u>	
HCFA 179	<u>92-02</u>	

Agency*	Citation(s)	Group Covered
	1902(a)(10)(A)(ii) <u>x</u> 13. (IX) and 1902(1) of the Act, P.L. 100-203 (Section 4101)	<p>The following individuals who are not described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount not more than 185 percent of the Federal poverty line) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to <u>ATTACHMENT 2.6-A</u>:</p> <p>Woman during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age.</p> <p>Infants who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continued to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.</p>

\*Agency that determines eligibility for coverage.

TN No. <u>91-15</u>	Approval Date <u>OCT 28 1991</u>	Effective Date <u>JUL - 1 1991</u>						
Supersedes TN No. <u>90-17</u>	<table><tr><td>STATE <u>New Mexico</u></td><td rowspan="5">A</td></tr><tr><td>DATE REC'D <u>SEP 27 1991</u></td></tr><tr><td>DATE APPVD <u>OCT 23 1991</u></td></tr><tr><td>DATE EFF <u>JUL - 1 1991</u></td></tr><tr><td>HCFA 179 <u>91-15</u></td></tr></table>		STATE <u>New Mexico</u>	A	DATE REC'D <u>SEP 27 1991</u>	DATE APPVD <u>OCT 23 1991</u>	DATE EFF <u>JUL - 1 1991</u>	HCFA 179 <u>91-15</u>
STATE <u>New Mexico</u>	A							
DATE REC'D <u>SEP 27 1991</u>								
DATE APPVD <u>OCT 23 1991</u>								
DATE EFF <u>JUL - 1 1991</u>								
HCFA 179 <u>91-15</u>								

Revision: HCFA-PM-93-2 (MB)  
MARCH 1993

ATTACHMENT 2.2-A  
Page 9b

State: New Mexico

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(i)  
and 1905(p) of  
the Act

\*HSD

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),  
1905(s) and  
1905(p)(3)(A)(i)  
of the Act

\*HSD

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

STATE <u>New Mexico</u>	A
DATE REC'D <u>APR 01 1993</u>	
DATE APPV'D <u>MAY 03 1993</u>	
DATE EFF <u>JAN 01 1993</u>	
HCFA 179 <u>93-02</u>	

\*Agency that determines eligibility for coverage.

TN No. 93-05 Approval Date MAY 03 1993 Effective Date JAN 01 1993  
Superseded  
TN No. 92-02

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MARCH 1993

ATTACHMENT 2.2-A  
Page 9b1

State: New Mexico

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act  
\* HSD

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

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DATE REC'D	<u>APR 01 1993</u>	
DATE APPV'D	<u>MAY 03 1993</u>	
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HCFA 179	<u>93-05</u>	

\*Agency that determines eligibility for coverage.

TN No. 93-05 Approval Date MAY 03 1993 Eff. Date JAN 01 1993  
 Superseded by None-New Page  
 TN No.

Revision: HCFA-FN-85-2 (ME)  
APRIL 1995

ATTACHMENT 2.2-A  
Page 9b2

New Mexico

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1634(e) of  
the Act

28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.

b. The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

STATE	<i>New Mexico</i>	A
DATE RECD	<i>02-05-96</i>	
DATE APPLD	<i>02-20-96</i>	
DATE EFF	<i>01-01-96</i>	
HCFA 179	<i>96-02</i>	

\*Agency that determines eligibility for coverage.

TN No. *96-02*  
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TN No.

Rev1

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AUGUST 1991

ATTACHMENT 2.2-A  
Page 9c  
OMB No.: 0938-

State: NEW MEXICO

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy

42 CFR ☐ 1. Individuals described below who meet the  
435.210 income and resource requirements of AFDC, SSI, or an  
1902(a) optional State supplement as specified in 42  
(10)(A)(ii) and CFR 435.230, but who do not receive cash  
1905(a) of assistance.  
the Act

☐ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR ☒ 2. Individuals who would be eligible for AFDC, SSI  
435.211 or an optional State supplement as specified in 42  
CFR 435.230, if they were not in a medical institution.

IV-A

\*Agency that determines eligibility for coverage.

OCT 1 1991

TN No. 9119 Approval Date JAN 15 1992 Effective Date JAN 15 1992  
Supersedes  
TN No. 8809 Page 9 a Items 31+32 HCFA ID: 7983E  
87-1 Page 10 Paragraph

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>DEC 17 1991</u>	
DATE APPV'D	<u>JAN 15 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-19</u>	



June 1997

State/Territory: \_\_\_\_\_

Agency*	Citation(s)	Groups Covered
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**B. Optional Groups Other Than the Medically Needy**  
(Continued)

42 CFR 435.212 &  
1902(a)(2) of the  
Act, P.L. 99-272  
(section 9517) P.L.  
101-508 (section  
4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(11), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

— The State elects to guarantee eligibility. The minimum enrollment period is \_\_\_\_\_ months (not to exceed six).

— The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

STATE	New Mexico	A
DATE	June 3, 1997	
DATE	September 2, 1997	
DATE	July 1, 1997	
HCFA	97-02	

SUPERSEDES: TN - 92-01

\*Agency that determines eligibility for coverage.

IN No. _____	Approval Date _____	Effective Date _____
Supersedes		
IN No. _____		

State/Territory: NEW MEXICO

Agency\* Citation(s) Groups Covered

1903(m)(2)(F)  
of the Act,  
P.L. 98-369  
(section 2364),  
P.L. 99-272  
(section 9517),  
P.L. 101-508  
(section 4732)

B. Optional Groups Other Than the Medically Needy  
(Continued)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

X Disenrollment rights are restricted for a period of six months (not to exceed 6 months).

During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

     No restrictions upon disenrollment rights.

1903(m)(2)(H),  
1902(a)(52) of  
the Act  
P.L. 101-508  
(section 4732)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

X The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

     The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

STATE	NEW MEXICO
DATE	JUNE 3, 1997
DATE	SEPTEMBER 2, 1997
DATE	JULY 1, 1997
DATE	97-02
A	

\*Agency that determines eligibility for coverage.

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TN No. \_\_\_\_\_ HCFA ID: 7983E

SUPERSEDES: TN. 92-01